

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC WORKS
DEVELOPMENT AND PERMITS TRACKING SYSTEM

DATE: 08/06/08
TIME: 15:02:55
ROUTE TO: BS1200

DPR4051
PAGE 1

REQUESTED BY: XXXXXXXX

MISCELLANEOUS FEE RECEIPT

RECEIPT NUMBER: BS12000040649

THIS IS A RECEIPT FOR THE AMOUNT OF FEES COLLECTED AS LISTED BELOW. THE RECEIPT NUMBER, DATE AND AMOUNT VALIDATED HEREON HAS ALSO BEEN VALIDATED ON YOUR APPLICATION OR OTHER DOCUMENT AND HAS BECOME A PART OF THE RECORD OF THE COUNTY OF LOS ANGELES, FROM WHICH THIS RECEIPT MAY BE IDENTIFIED. PLEASE RETAIN THIS RECEIPT AS PROOF OF PAYMENT. ANY REQUEST FOR REFUND MUST REFERENCE THIS RECEIPT NUMBER.

PAYMENT ACCEPTED FOR: 12002 AVIATION BL

DATE PAYMENT RECEIVED: 08/06/08 15:02:52
PAYOR NAME: TRIDENT DENTAL LABORATORIES
ADDRESS: 12000 AVIATION BL HAWTHORNE, CA 90250
PHONE: (310) 915-9121

FEE ITEM FEE DESCRIPTION	STATISTICAL CODE	CALCULATION FACTOR	UNIT OF MEASURE	EXTENDED AMOUNT
16 HOUSE NUMBERING	A019236	1.00	EACH	\$50.70

TOTAL FEES PAID: \$50.70

PAYMENT TYPE	REFERENCE	AMT TENDERED	CHANGE GIVEN	AMOUNT APPLIED
CASH	CASH	\$50.70	\$0.00	\$50.70

OFFICE: BS 1200 DRAWER: SW
CASHIER: SM

ITEMS WITH AN ASTERISK (*) WILL REQUIRE FURTHER DEPOSITS
WHENEVER ACTUAL COSTS EXCEED THE DEPOSIT AMOUNT

***** END OF REPORT *****



COUNTY OF LOS ANGELES

Department of Public Works
BUILDING AND SAFETY DIVISION

DATE 8-6-08

To: House Numbering Coordinator

From: District Name / No. 12.00

(choose one)

- ☐ New Address Assignment(s) on a Vacant Lot.
- ☐ Actual Address Change.
- ☒ Adding New Address(es) to existing address(es) that will remain.
- ☐ New Address Assignment(s) where old address(es) will no longer be used.
- ☐ Temporary Address
- ☐ Utility Address

Remarks / Special Circumstances

new impression office
in existing space in dental lab

Building Permit No. _____

HN Map No.* 4151

Assessor Parcel No.* _____

Locality / City* Hawthorne

New Address(es)* 12002 Aviation Bl

Zip* 90250

Please write St, Ave, Blvd, etc...

Old Address(es) _____
(To Be Changed)

Zip _____

Please write St, Ave, Blvd, etc...

Existing Address(es) 12000 Aviation Bl
(To Remain)

Zip 90250

Please write St, Ave, Blvd, etc...

Lot No. 12

Block No. _____

Tract No. _____

* Required Field

By: Sheryl Morris Witt

Title: BPT II

ADDRESS NUMBERS SHALL BE AT LEAST 3 INCHES IN HEIGHT AND PLACED ON THE HOUSE, FACING THE STEEET. If the numbers are not visible from the street, an additional set shall be placed on a signpost, fence, mailbox, etc.. so as to be clearly visible from the street. (F.C. 901.4.4.1 VOL. 7, CH.1, REG 15)